

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works
MONTHLY ESTIMATE

ORIGINAL

FOR THE MONTH OF NOVEMBER 2015Date: December 7, 2015

CONTRACTOR: Allied Pacific Builders, Inc.
ADDRESS: 94-260 Pupuole Street
City, State ZIP: Waipahu, HI 96797
PROJECT TITLE: Hawaii State Hospital Reroof Buildings
CONTRACT

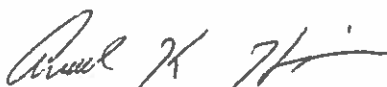
Contract No. 63440DAGS Job No. 12-20-2663Basic Contract Amount \$ 2,532,311.00**CHANGE ORDERS**Total \$ 19,917.00Adjusted Contract Amount \$ 2,552,228.00**WORK ACCOMPLISHED****Basic Contract**Completed to Date 44.40% \$ 1,124,378.00Retained **REDUCED** [] \$ 69,417.00Amount Subject to Payment \$ 1,054,961.00Payments to Date \$ 1,005,520.00Payments Now Due \$ 49,441.00**Change Order****Total**\$ 15,899.00 \$ 1,140,277.00\$ 512.00 \$ 69,929.00\$ 15,387.00 \$ 1,070,348.00\$ 9,742.00 \$ 1,015,262.00\$ 5,645.00 \$ 55,086.00Payment No. **FINAL** [] 5

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add..

FOR OFFICE USE ONLY

☐ Project Acceptance Date
☐ Project Completion Date

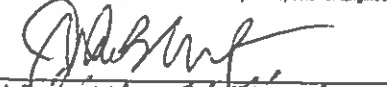
1. Computed and Checked by



DEC 15 2015

3. Recommended Project Inspector or Engineer

Date:



DEC 15 2015

4. Recommended Branch Engineer/Architect

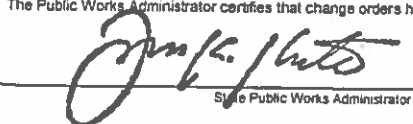
Date:

DEC 15 2015

5. Approved Branch Chief or District Engineer

Date:

The Public Works Administrator certifies that change orders have been issued and the work performed.



DEC 15 2015

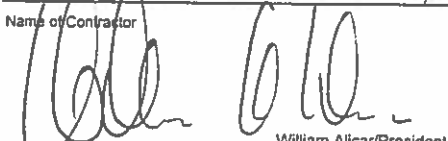
Date:

FOR INSPECTION BRANCH USE☐ SUBMITTAL REGISTER☐ COMMENCEMENT REQUIREMENTS**DUE MONTHLY:**☒ PROJECT SCHEDULE☒ DAILY REPORTS☒ PAYROLL AFFIDAVIT**MONTHLY ESTIMATE CHECKLIST**☒ PROJECT NAME AND LOCATION☒ CONTRACT NUMBER☐ AS NEED - WASTE REDUCTION PROGRESS REPORT☒ ALL SIGNATURES**SPECIALTY / MISC:**☐ AIR CONDITION ACCEPTANCE☐ PAINT ACCEPTANCE

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request; and least 80% of our workforce resides in Hawaii. [X] As a preferred contractor, I have submitted all apprenticeship approval forms.

Name of Contractor Allied Pacific Builders, Inc.

By Signature / Title:



William Alicar/President

12/09/15

Date

BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

For the Month of: NOVEMBER 2015

CONTRACTOR: Allied Pacific Builders, Inc.
PROJECT TITLE: Hawaii State Hospital Reroof Buildings

Contract No.: 63440
DAGS Job No.: 12-20-2663

CLOSED			<u>LICENSE</u>	<u>BASIC CONTRACT</u>	<u>COMPL.</u>	<u>%</u>	<u>RETN.</u>	<u>CONTRACT</u>
	<u>PRIME CONTRACTOR</u>	<u>TRADE</u>	<u>NO.</u>	<u>AMOUNT</u>	<u>TO DATE</u>	<u>CMPL</u>	<u>%</u>	<u>AMOUNT</u>
								<u>RETAINED</u>
	Allied Pacific Builders, Inc.	General Contractor	BC-23848	\$1,913,153	\$880,387	44.97%	5%	\$43,019

	SUBCONTRACTOR	TRADE	12431	BASIC SUB-CONTRACT AMOUNT	COMPL. TO DATE	% CMPL	RETN %	SUB- CONTRACT AMOUNT RETAINED
	Commercial Sheetmetal			\$449,458	\$169,917	37.80%	10%	\$16,991
	Envi. Control Specialist			\$50,000	\$50,000	100.00%	10%	\$5,000
	Mechanical Trends			\$11,000	\$0	0.00%	10%	\$0
	Federal Welding			\$16,000	\$16,000	100.00%	10%	\$1,600
	R&M Painting			\$92,700	\$28,074	30.26%	10%	\$2,807
					\$0	#DIV/0!	10%	\$0
					\$0	#DIV/0!	10%	\$0
					\$0	#DIV/0!	10%	\$0
					\$0	#DIV/0!	10%	\$0
					\$0	#DIV/0!	10%	\$0
					\$0	#DIV/0!	10%	\$0
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					\$0	#DIV/0!	10%	\$0
					\$0	#DIV/0!	10%	\$0
					\$0	#DIV/0!	10%	\$0
					\$0	#DIV/0!	10%	\$0
	Total Retained from Subs			\$619,158	\$263,891			\$26,398

	\$2,532,311	\$1,124,378
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BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$69,417
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I certify that the above retentions are correct for this request.

Name of Contractor Allied Pacific Builders, Inc.

By Signature

William A. Alicar, President

12/09/15

Date _____

Checked/Verified by:

Initial - Project Inspector or Engineer

NOTE:
Columnar totals shall be equal in dollar value to that on
the Monthly Estimate Sheet

CHANGE ORDER - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

For the Month of: NOVEMBER 2015

CONTRACTOR: Allied Pacific Builders, Inc.
PROJECT TITLE: Hawaii State Hospital Reroof Buildings

Contract No.: 63440
DAGS Job No.: 12-20-2663

CLOSED	PRIME CONTRACTOR	TRADE	LICENSE NO.	CHANGE ORDER AMOUNT	COMPL. TO DATE	% CMPL	RETN %	CHANGE ORDER
								AMOUNT RETAINED
	Allied Pacific Builders, Inc.	General Contractor	ABC-23456	\$19,917	\$10,254	51.48%	5%	\$512

	SUBCONTRACTOR	TRADE	LICENSE NO.	CHANGE ORDER SUB AMOUNT	COMPL TO DATE	% CMPL	RETN %	CHANGE ORDER SUB AMOUNT RETAINED
					\$0	#DIV/0!	10%	\$0
					\$0	#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
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						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
	Total Retained from Subs			\$0	\$0			\$0 B

	\$19,917	\$15,899
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CHANGE ORDER CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$512
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I certify that the above retentions are correct for this request.

Name of Contractor

Alfred Pacific Builders, Inc.

William Alicar, President

12/09/15

By Signature

Checked/Verified by:

Initial - Project Inspector or Engineer

NOTE:
Columnar totals shall be equal in dollar value to that on
the Monthly Estimate Sheet

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
DIVISION OF PUBLIC WORKS
Monthly Payment Slip

PAYMENT NO.: 5

PROJECT TITLE: HAWAII STATE HOSPITAL - REROOF BUILDINGS

BILLING MONTH: November-15

DAGS JOB NO.: 1 2-20-2663

CONTRACT NO.: 63440

CONTRACTOR: ALLIED PACIFIC BUILDERS, INC.

VENDOR CODE: 28267800

Original Contract Payment		Suffix: 1, 2			
<u>Suffix</u>	<u>Fund Symbol</u>		<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B11-406M		\$56,082.00	\$6,641.00	\$49,441.00
Totals:			\$56,082.00	\$6,641.00	\$49,441.00
Change Order Payment		Suffix: 3			
<u>Suffix</u>	<u>Fund Symbol</u>		<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
03	B11-406M		\$5,645.00	\$0.00	\$5,645.00
Totals:			\$5,645.00		\$5,645.00
Grand Total:			\$61,727.00	\$6,641.00	\$55,086.00

Y Xu
DEC 16 2015
Verified By _____ DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 28267800

Cost Code 3A1

Voucher No. 12214C47

Verified By JL/RS DEC 21 2015

